

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521 010

FILING DATE

APPLICANT(S)

38-06 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			<i>e</i>		<i>e</i>	
2			<i>e</i>		<i>e</i>	
3			<i>e</i>		<i>e</i>	
4			<i>e</i>		<i>e</i>	
5				1		1
6				1		1
7			1		1	
8			1		1	
9			1		1	
10			<i>e</i>		<i>e</i>	
11			<i>e</i>		<i>e</i>	
12				3		3
13				4		4
14				1		1
15				1		1
16			1		1	
17				8		8
18				8		8
19			1		1	
20				1		1
21				1		1
22				1		1
23				1		1
24				1		1
25				1		1
26				4		4
27				1		1
28				1		1
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TOTAL IND.		↓	6	↓	6	↓
TOTAL DEP.	←		27	←	27	←
TOTAL CLAIMS			33		33	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						